

57363

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001529**

GENERATOR

(Generator Must Complete)

② Name **ALUMINUM COMPANY OF AMERICA
VERNON WORKS**

EPA NO. **0 A D 0 7 4 1 2 6 6 8 7**

Address **5151 Alcoa Ave.** Phone No. **588-6141**

City, State, Zip **Vernon, Ca. 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES, INC.**

EPA NO. **C A D 0 8 0 0 1 2 0 2 4**

Address **900 N. Potrero Grande Dr.**

City, State, Zip **Monterey Park, Ca.**

④ Alternate TSD Facility

SFUND RECORDS CTR
999000891

Name **CHEMICAL WASTE MANAGEMENT INC.**

EPA NO. **C A T 0 0 0 6 4 6 1 1 7**

Address **P.O. Box 1104, 430 W. Elm Ave.**

City, State, Zip **Coalinga, Ca. 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **#7**

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS **Aluminum Fabrication**

LIST COMPONENTS:

CONC.
UPPER

RANGE
LOWER

UNITS

CONC.
UPPER

RANGE
LOWER

UNITS

⑨ A. _____ ☐ % ☐ ppm.
B. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm.

E. _____ ☐ % ☐ ppm.
F. _____ ☐ % ☐ ppm.
G. _____ ☐ % ☐ ppm.
Non Hazardous Material **100** %

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **Aluminum Oxides & Water**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped **4-10-81**

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **C A D 0 2 8 2 7 7 0 3 6**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **4-10-81**

TIME **10:30** ☒ AM ☐ PM

4-10-81

⑯

Signature of Authorized Agent and Title

Date

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING INDUSTRIES, INC.** QUANTITY (If Measured) **100 BBL**

EPA NO. **C A T 0 8 0 0 1 2 0 2 4** 19 STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME

EPA NO.

㉓

Signature of Authorized Agent and Title

Date Accepted **4-10-81**

ORIGINAL